

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

100103
1839500
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached for filing is the patent application of:

Inventor: SANGIORGIO

Entitled: CHAIR WITH MOVABLE SEAT AND BACKREST

and including attachments as noted below:

Newly executed Declaration, Copy of Declaration from prior application, Abstract
 Please delete the following inventors in the continuation/division/continuation-in-part application:

Deleted persons:

10 pages of specification and claims (including 11 numbered claims), and
 4 sheets of accompanying drawing/s.

Record the attached assignment to ICF S.p.A., VIGNATE (Milano), Italy and return to the undersigned.

Attached is a Power of Attorney.

Priority is hereby claimed under 35 U.S.C. § 119 based on the following foreign applications:

Application Number	Country	Day/Month/Year Filed
MI2002A 002194	ITALY	16 October 2002

, respectively, the entire content of which is hereby incorporated by reference in this application..

Certified copy(ies) of foreign application(s) is/are attached.

Certified copy(ies) filed on _____ in prior appln. no. _____ filed _____

Petition filed in prior application to extend its life to insure co-pendency.

The prior application is assigned to _____, _____.

It is hereby requested that the Examiner consider the art cited in the parent application by applicant and/or the Examiner for the reasons stated therein. A listing of that art is attached.

Applicant claims "small entity" status. "Small entity" statement attached.

Please enter the attached and/or below preliminary amendment prior to calculation of filing fee:

Also attached: Information Disclosure Statement; Non-Publication Request; Nucleotide and/or Amino Acid Sequence Submission; Statement deleting Inventor(s) named in prior application; Other: PTO 1449 W/References

FILING FEE IS BASED ON CLAIMS AS FILED LESS ANY HEREWITH CANCELED

Basic Filing Fee	\$	770.00
Total effective claims 11 - 20 (at least 20) = 0 x \$ 18.00	\$	0.00
Independent claims 1 - 3 (at least 3) = 0 x \$ 84.00	\$	0.00
If any proper multiple dependent claims now added for first time, add \$280.00 (ignore improper)	\$	0.00
SUBTOTAL	\$	770.00
If "small entity," then enter half (1/2) of subtotal and subtract	-\$(0.00)
SECOND SUBTOTAL	\$	770.00
Assignment Recording Fee (\$40.00)	\$	40.00
TOTAL FEE ENCLOSED	\$	810.00

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

Correspondence Address:

NIXON & VANDERHYE P.C.

By Atty: H. Warren Burnam, Jr., Reg. No. 29,366

Customer Number: **23117**

Telephone: (703) 816-4000

Facsimile: (703) 816-4100

HWB:pdc

Signature: 

16424 U.S. PTO
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